



**DIOCESE OF ALLENTOWN
REQUEST FOR AUTHORIZATION
FOR A
SPEAKER ON ANY RELIGIOUS TOPIC**

DATE OF REQUEST: _____

TITLE OF EVENT: _____

DATE OF EVENT: _____

PLACE OF EVENT: _____

NAME OF EVENT COORDINATOR: _____

COORDINATOR PHONE: _____ **E-MAIL:** _____

PARISH/AGENCY: _____

ADDRESS: _____

NAME OF SPEAKER: _____

TOPIC: _____

AUDIENCE: _____

WILL SPEAKER HAVE DIRECT CONTACT WITH CHILDREN ___ **YES** ___ **NO** ___ **LIMITED**

PLEASE DESCRIBE CONTACT: _____

Please attach Speaker's Curriculum Vitae or provide requested information in the space below.

BACKGROUND: _____

CREDENTIALS: _____

PLEASE RETURN FORM TO:

**Secretary for Catholic Life and Evangelization
2121 Madison Ave.
Bethlehem, PA 18018
Fax: 610-289-7917**

asarlo@allentowndiocese.org